



# Enrolment Form - Boucaniers 2026/2027

14a, chemin des Rayes - 1222 Vézenaz

'In' Commune ☐ / 'Out of' Commune ☐

I, the undersigned,

Parent 1 Father <input type="checkbox"/> Mother <input type="checkbox"/>	Parent 2 Father <input type="checkbox"/> Mother <input type="checkbox"/>
Surname:	Surname:
First name:	First name:
Marital status:	Marital status:
Address:	Address:
Post code & town:	Post code & town:
Tel. - home:	Tel. - home:
Tel. - mobile:	Tel. - mobile:
Profession:	Profession:
Tel. - work:	Tel. - work:
Email:	Email:

would like to enrol my child(ren),

Surname:	First name:
DATE OF BIRTH:	Nationality:
Girl <input type="checkbox"/> Boy <input type="checkbox"/>	Enroled last year with: Bacounis <input type="checkbox"/> / Boucaniers <input type="checkbox"/>

... in the group (please select the desired sessions below):

<b>Les Aventuriers: 12-36 months</b> <input type="checkbox"/> <i>Mornings</i> Monday, Tuesday, Thursday, Friday from 8h00 to 11h45	<b>Les Moussaillons: 2-4 years</b> <input type="checkbox"/> <i>Afternoons</i> Monday, Tuesday, Thursday, Friday from 13h30 to 17h15
<b>Les Corsaires: 2-4 years</b> <input type="checkbox"/> <i>Mornings</i> Monday, Tuesday, Thursday, Friday from 8h00 to 11h45	<b>Les Explorateurs: 12-36 months</b> <input type="checkbox"/> <i>Afternoons</i> Monday, Tuesday, Thursday, Friday from 13h30 to 17h15

. During the course of the year, the management reserves the right to modify the service according to member needs.

## Additional information:

Child's health insurance provider	
Child's accident insurance provider	
Child's civil liability/3rd party insurance provider	
Name, address & telephone number of child's paediatrician	

## Payment frequency:

Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>
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## Notes:

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I declare that the above information is correct and that any changes will be communicated as soon as possible

Name : \_\_\_\_\_ Date : \_\_\_\_\_ Signature : \_\_\_\_\_